## STATE

## STATE OF DELAWARE

Department of Finance Division of Revenue 820 N. French Street P.O. Box 2340

Wilmington, Delaware 19899-2340

## 2015 - 2016 NURSING FACILITY QUALITY ASSESSMENT REPORTING FORM FORM LQ11\_1206

CODE	

Е	Business Code Group Description 408 NURSING FACIL	LITY	QUAL	ITY ASS	ESSME	NT FEE		
Т	Fax Period Ending Date		Due on	or Before				
F	Facility Name							
F	Facility Location Address	6.	Mailing /	Address if D	ifferent			
C	City		City					
9	State Zip Code		State	Zip Code				
_	Diale Zip Code		State	Zip Code				
	<ul> <li>A. During the entire calendar quarter, did the facility exclusi</li> <li>B. During the entire calendar quarter, was the number of lic</li> <li>C. If nursing services and assisted/independent living service the number of assisted/independent living beds at least</li> </ul>	ense ces a twice	d nursing re provid (2 times	home bed ed on the solution the	ds less that same cam er of nurs	pus, are ing beds?		
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PRINT NAME/TITLE SIGNATURE DATE

